

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

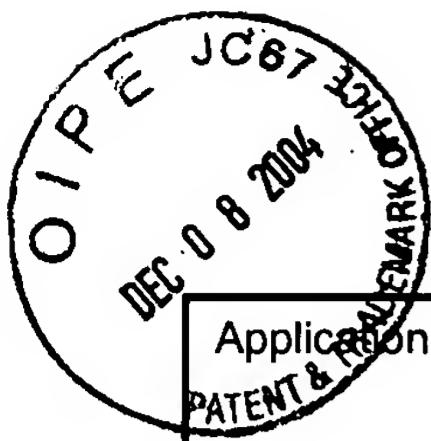
 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 560.00)

Complete if Known	
Application Number	10/616,046
Filing Date	July 8, 2003
First Named Inventor	Mladen Mercep
Examiner Name	E. Peselev
Art Unit	1623
Attorney Docket No.	03818/100L652-US1

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																												
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number 04-0100 Deposit Account Name Darby & Darby P.C.		2. EXTRA CLAIM FEES <table> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td>18</td> <td>9</td> </tr> <tr> <td>Each independent claim over 3</td> <td>88</td> <td>44</td> </tr> <tr> <td>Multiple dependent claims</td> <td>300</td> <td>150</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than in the original patent</td> <td>18</td> <td>9</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td>88</td> <td>44</td> </tr> </tbody> </table> <table> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>52 - 20 or HP =</td> <td>x</td> <td>=</td> <td>0.00</td> </tr> <tr> <td colspan="4">HP= highest number of total claims paid for, if greater than 20</td> </tr> </tbody> </table> <table> <thead> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>26 - 3 or HP =</td> <td>x</td> <td>=</td> <td>0.00</td> </tr> <tr> <td colspan="4">HP= highest number of independent claims paid for, if greater than 3</td> </tr> </tbody> </table> <table> <thead> <tr> <th colspan="2">Multiple Dependent Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> </table> <table> <thead> <tr> <th colspan="2"></th> <th>Subtotal (2)</th> <th>\$ 0.00</th> </tr> </thead> </table> 3. OTHER FEES <table> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1-month extension of time</td> <td>110</td> <td>55</td> <td>120.00</td> </tr> <tr> <td>2-month extension of time</td> <td>430</td> <td>215</td> <td></td> </tr> <tr> <td>3-month extension of time</td> <td>980</td> <td>490</td> <td></td> </tr> <tr> <td>4-month extension of time</td> <td>1,530</td> <td>765</td> <td></td> </tr> <tr> <td>5-month extension of time</td> <td>2,080</td> <td>1,040</td> <td></td> </tr> <tr> <td>Information disclosure stmt. Fee</td> <td>180</td> <td>180</td> <td>180.00</td> </tr> <tr> <td>37 CFR 1.17(q) processing fee</td> <td>50</td> <td>50</td> <td></td> </tr> <tr> <td>Non-English specification</td> <td>130</td> <td>130</td> <td></td> </tr> <tr> <td>Notice of Appeal</td> <td>340</td> <td>170</td> <td></td> </tr> <tr> <td>Filing a brief in support of appeal</td> <td>340</td> <td>170</td> <td></td> </tr> <tr> <td>Request for oral hearing</td> <td>300</td> <td>150</td> <td></td> </tr> <tr> <td>Other: 1814 Two Terminal Disclaimers -</td> <td></td> <td></td> <td>260.00</td> </tr> <tr> <th colspan="2"></th> <th>Subtotal (3)</th> <th>\$ 560.00</th> </tr> </tbody> </table>			Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	52 - 20 or HP =	x	=	0.00	HP= highest number of total claims paid for, if greater than 20				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	26 - 3 or HP =	x	=	0.00	HP= highest number of independent claims paid for, if greater than 3				Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)			Subtotal (2)	\$ 0.00	Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid	1-month extension of time	110	55	120.00	2-month extension of time	430	215		3-month extension of time	980	490		4-month extension of time	1,530	765		5-month extension of time	2,080	1,040		Information disclosure stmt. Fee	180	180	180.00	37 CFR 1.17(q) processing fee	50	50		Non-English specification	130	130		Notice of Appeal	340	170		Filing a brief in support of appeal	340	170		Request for oral hearing	300	150		Other: 1814 Two Terminal Disclaimers -			260.00			Subtotal (3)	\$ 560.00
Fee Description	Fee (\$)	Small Entity Fee (\$)																																																																																																												
Each claim over 20	18	9																																																																																																												
Each independent claim over 3	88	44																																																																																																												
Multiple dependent claims	300	150																																																																																																												
For Reissues, each claim over 20 and more than in the original patent	18	9																																																																																																												
For Reissues, each independent claim more than in the original patent	88	44																																																																																																												
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																																																																																											
52 - 20 or HP =	x	=	0.00																																																																																																											
HP= highest number of total claims paid for, if greater than 20																																																																																																														
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																																																																																											
26 - 3 or HP =	x	=	0.00																																																																																																											
HP= highest number of independent claims paid for, if greater than 3																																																																																																														
Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)																																																																																																											
		Subtotal (2)	\$ 0.00																																																																																																											
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid																																																																																																											
1-month extension of time	110	55	120.00																																																																																																											
2-month extension of time	430	215																																																																																																												
3-month extension of time	980	490																																																																																																												
4-month extension of time	1,530	765																																																																																																												
5-month extension of time	2,080	1,040																																																																																																												
Information disclosure stmt. Fee	180	180	180.00																																																																																																											
37 CFR 1.17(q) processing fee	50	50																																																																																																												
Non-English specification	130	130																																																																																																												
Notice of Appeal	340	170																																																																																																												
Filing a brief in support of appeal	340	170																																																																																																												
Request for oral hearing	300	150																																																																																																												
Other: 1814 Two Terminal Disclaimers -			260.00																																																																																																											
		Subtotal (3)	\$ 560.00																																																																																																											
FEE CALCULATION																																																																																																														
1. BASIC FILING FEE <table> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility Filing Fee</td> <td>790</td> <td>395</td> <td></td> </tr> <tr> <td>Design Filing Fee</td> <td>350</td> <td>175</td> <td></td> </tr> <tr> <td>Plant Filing Fee</td> <td>550</td> <td>275</td> <td></td> </tr> <tr> <td>Reissue Filing Fee</td> <td>790</td> <td>395</td> <td></td> </tr> <tr> <td>Provisional Filing Fee</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Subtotal (1)</td> <td>\$ 0.00</td> <td></td> <td></td> </tr> </tbody> </table>					Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)	Utility Filing Fee	790	395		Design Filing Fee	350	175		Plant Filing Fee	550	275		Reissue Filing Fee	790	395		Provisional Filing Fee	160	80		Subtotal (1)	\$ 0.00																																																																																
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)																																																																																																											
Utility Filing Fee	790	395																																																																																																												
Design Filing Fee	350	175																																																																																																												
Plant Filing Fee	550	275																																																																																																												
Reissue Filing Fee	790	395																																																																																																												
Provisional Filing Fee	160	80																																																																																																												
Subtotal (1)	\$ 0.00																																																																																																													

SUBMITTED BY					
Signature		Registration No. (Attorney/Agent)	54,453	Telephone	(212) 527-7700
Name (Print/Type)	Nicholas Sisti			Date	December 8, 2004



Application No. (if known): 10/616,046

Attorney Docket No.: 03818/100L652-US1

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 382053155US in an envelope addressed to:

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on December 8, 2004
Date

J. Stantini
Signature

J. Stantini
Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

One Month Request for Extension of Time (1 page)
Amendment Transmittal (1 page)
Amendment in Response to Non-Final Office Action (49 pages)
Terminal Disclaimer (over 10/615,010) (1 page)
Terminal Disclaimer (over 10/615,716) (1 page)
Information Disclosure Statement and SB/08 Form (3 pages)
3 of the Cited References
Check in the amount of \$560.00 #6952
Return Postcard